Name in Full: Benson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Gaithers — County: montg.

Date of death 1907	Month	Day	Years	Months	Days
	Jan	25.	Age 1	0	18

Sex: Male — Color or Race: White — Birthplace: Gaithers Md

Married, Single or Widowed: ~~Single~~

Name of Wife or Husband: ~~Single~~

Father's Name: J. W. Benson — Father's Birthplace: Rockville Md

Mother's Maiden Name: Elizabeth Sellers — Mother's Birthplace: Gaines Co. Va

Name of person giving information: R. H. Benson — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 8 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. G. Skinner

Address: Unity P.O.

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Mary Elizabeth Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Olney; County: Montgomery

Date of death 1904: Month: Jan.; Day: 14; Age: Years: —; Months: Three; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Montg. Co. Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Llewellyn Bishop

Father's Birthplace: Montg. Co. Md

Mother's Maiden Name: Sarah Rebecca Rounds

Mother's Birthplace: Montg. Co. Md

Name of person giving information: Llewellyn Bishop

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Two days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney Md.

Accident or Suicide?

LIBRARY BUREAU A66318

Name in Full: Harriet Amanda Blye

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Takoma, Md — County: Montgomery

Date of death 1904: Month: Jan. — Day: 31 — Age: Years: 81 — Months: 6 — Days: 1

Sex: female — Color or Race: White — Birthplace: Truxton, N. Y.

Married, Single or Widowed: Widowed — Occupation: None

Name of Wife or Husband: Widow of Benjamin F. Blye

Father's Name: Kemp — Father's Birthplace: Newyork State

Mother's Maiden Name: — Mother's Birthplace: Newyork State

Name of person giving Information: Jas. A. Colmon — How related to deceased: son-in-Law

64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Cerebral Hemorrhage — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred T. Parsons

Address: Takoma, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Joseph Brooks

Died at Town Martinsburg County Montgy MARYLAND

Date 1904 Month Jan Day 4 | Age Y. 68 M. D. | Native of Va | Occupation Laborer

Male / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widower~~ / Widower | ~~Divorced~~ | Number of children living 4.

Husband of ~~Wife~~ Sarah Brooks

Father's Name

Mother's Maiden Name 93

Cause of Death — Primary: Pneumonia — How long sick: 2 weeks

Immediate — Accident, Suicide, Homicide

Reported by J S Poole

Address Poolesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Willie Brown

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Brighton County: Montgomery

Date of death: Month: Jan. Day: 15 Years: — Months: Six Days: —

Sex: Male Color or Race: Colored Birthplace: Baltimore Md.

Occupation: — Where Residing if not at place of death:

~~Married~~, Single or Widowed: Name of Wife or Husband:

Father's Name: Robert Brown Father's Birthplace: Baltimore Md.

Mother's Maiden Name: Eliza Brown Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Mary Thomas How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption so reported How long: Five months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. Farquhar, M. D.

Address: Olney Maryland.

Accident or Suicide?

LIBRARY BUREAU A98616

Name in Full: Henry Campbell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Guilford; County: Montgomery

Date of death: Month: Jan.; Day: 15th; 1904

Age: Years: 23; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Montg. Co. Md

Occupation: Farm Hand

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

27

Name of person giving Information: George W. Dorsey

How related to deceased: No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Over one year

Immediate: Hemorrhage

How long:

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full Wm E. W Duffin

Certificate of Death

Died at Town Gaithersburg Town County Montgomery MARYLAND

Date 1902 Month January Day 11 | Age Y. 70 M. 10 D. 24 | Native of Montgomery Co | ~~Occupation~~

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name Wm Duffin 93 Mother's Name Ella Duffin

How long sick 48 hours

Cause of Death — Primary

Immediate Congestion of Lungs & Brain Accident, Suicide, Homicide

Reported by William A. Waters

Address Germantown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full: Samuel Hillery Easton

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Laytonsville (County) Montgomery

Date of death 1904 Month: Jany Day: Sunday 24

Age: Years 63 Months Days 24

Sex: Male

Color or Race: White

Birthplace: Montgomery Co Md

Occupation: House Carpenter

Married, ~~Single~~ or ~~Widowed~~

Name of Wife or Husband: Frances Victoria Thompson

Father's Name: Jefferson Easton

Father's Birthplace: Maryland

Mother's Maiden Name: Dorotha Ann Haney

Mother's Birthplace:

Name of person giving In formation: Frances V. Easton

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: one week

Immediate: Heart failure

How long: 14 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B B Crawford

Address: Laytonsville Maryland

Accident or Suicide?

LIBRARY BUREAU A08516

Name in Full: Mary A. Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chevy Chase — County: Montg

Date of death: 1904 — Month: Jan — Day: 7 — Age: Years: 44 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation — How related to deceased

Duplicate

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exophthalmic Goitre — How long

Immediate: Asthenia — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Thompson Buck

Address: Washington D.C.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Lena Mary Gates

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lay Store — County: Montgomery

Date of death 1904: Month: Jan — Day: 4th

Age: Years: 16 — Months: 11 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Thos Emory Gates — Father's Birthplace: Md

Mother's Maiden Name: Maggie Meade — Mother's Birthplace: Md

Name of person giving Information: Thos E Gates — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pernicious Anemia — How long: One year

Immediate: Pernicious Anemia — How long: One year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Davis

Address: Kensington Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Margaret Gray Gould

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Takoma Park — County: Montgomery

Date of death 1904 — Month: Jan — Day: 12 — Years: 39 — Months: 8 — Days: 21

Sex: F — Color or Race: white — Birthplace: Coldwater, Mich

Married, ~~Single~~ or ~~Widowed~~ — Occupation:

Name of Wife or Husband: Ashley M. Gould

Father's Name: He. J. Gray — Father's Birthplace: Lewiston N.Y.

Mother's Maiden Name: — Mother's Birthplace: Caley Valley " "

Name of person giving In formation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Pneumonia — How long: 16 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred T. Parsons

Address: Takoma Park, D.C.

Accident or Suicide?

93

LIBRARY BUREAU A68816

Name in Full Raymond Gross

Certificate of Death

Died at Town Bethesda County Montgomery MARYLAND

Date 1904 Month Jan. Day 16 Age Y. 6 M. - D. - Native of Md. Occupation -

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of ✓
Wife

Father's Name No Father Known Mother's Name Mamie Gross

Cause of Death: Primary Tuberculosis V. How long sick 1 year

Immediate Tubercular Meningitis Accident, Suicide, Homicide

Reported by John L. Lewis, M.D.

Address Bethesda Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Nancy Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodside — County: Montgomery

Date of death 1904: Month: January — Day: 23 — Age: Years 82 ~~11 11~~ — Months 11 — Days 14

Sex: Female — Color or Race: — Birthplace: ~~Hampton~~ Frederick Co. Md.

Married, Single or Widowed: Widow — Occupation: none

Name of Wife or Husband: Wesley Hall.

Father's Name: John Ferguson — Father's Birthplace:

Mother's Maiden Name: Van Natten — Mother's Birthplace:

Name of person giving Information: Laura Piper — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 9 1

Immediate: Hypostatic Pneumonia — How long: one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred V. Parsons

Address: Takoma Park, D.C.

Accident or Suicide?

LIBRARY BUREAU A98310

Name in Full: Martha Ellen Hardesty

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Burnt Mills; County: Montg

Date of death 1904: Month: Jan; Day: 27; Age: Years: 68; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: William Hardesty

Father's Name: William Renshaw; Father's Birthplace: Md.

Mother's Maiden Name: Mary Renshaw; Mother's Birthplace: "

Name of person giving information: Geo. McLeeney; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Paralysis of Heart

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. J. Brown.

Address: Burnt Mills Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Tom Henley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Seneca — County: Montgomery

Date of death: 1904 — Month: 1 — Day: 26 — Years: Age 34 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: — Butt.

Father's Name: Edward Henley — Father's Birthplace: Md

Mother's Maiden Name: X — Mother's Birthplace: Md

Name of person giving Information: wife — How related to deceased: X

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 6 days

Immediate: Asthma — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O McLin Threewitts

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A63916

Name in Full Lizzie H. Jackson

Certificate of Death

Died at Town Bethesda County Montgomery MARYLAND

Date 1904 Month 1 Day 17 Y. M. D. Age 32 Native of Md. Occupation Wash-woman

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Benj Jackson

Father's Name Budd Hall Mother's Name Lizzie Hall

Cause of Death: Primary Lobar Pneumonia How long sick 10 days

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by John L. Lewis M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6598B

Name in Full: Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hunting Neck — County: Montg—

Date of death 1904 — Month: Jan — Day: 16 — Age: Years — — Months: 8 — Days: 26

Sex: male — Color or Race: White — Birthplace: Montg. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: E. W Jones — Father's Birthplace: Montgo. Md.

Mother's Maiden Name: Rosa Talaguet — Mother's Birthplace: Montgo. Md.

Name of person giving Imformation: E. W. Jones — How related to deceased: Father

93.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia — How long

Immediate: Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. B. Hamilton.

Address: Gaithersburg. Maryland.

Accident or Suicide?

LIBRARY BUREAU A8801S

Name in Full

Certificate of Death

Richard Leizear

Died at Town: ashton County: montgom MARYLAND

Date 1904 Month 1 Day 8 | Age Y. 61 M. 1 D. 4 | Native of maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

Husband of Wife Sallie Leizear

Father's Name Elias Leizear

Mother's Name

Cause of Death: Primary abscess of Leiver — How long sick 4 months

Immediate Exhaustion from rupture of abscess — Accident, Suicide, Homicide

Reported by Roger Butler

Address Sandy Spring md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full: Rebecca Lincoln

CERTIFICATE OF DEATH

MARYLAND

Died at: near Sandy Spring — Town — County: Montgomery

Date of death: Month: Jan. — Day: 16 — 1904 — Years: Age 92 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Montgo Co. Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Robert Lincoln

Father's Name — Father's Birthplace

Mother's Maiden Name: Nellie Fenwick — Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Richard L. Matthews — How related to deceased: Step Grandson

79

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A6N316

Name in Full Fletcher Wm [illegible] Magruder

CERTIFICATE OF DEATH

MARYLAND

Died in Town Rockville County Montgomery

Date of death 1904 Month 1 Day 28 Age Years [illegible] Months 6 Days —

Sex Male Color or race Colored Birthplace Montgomery Co Md

Occupation X Where Residing if not at place of death X

Married, Single or Widowed X Name of Wife or Husband X

Father's Name Louis Magruder Father's Birthplace Md

Mother's Maiden Name Bertie Daphney Mother's Birthplace Md

Name of person giving Imformation Mother How related to deceased X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Dentition How long Several 2 days

Immediate Convulsions How long 12 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician O. M. Luckett

Address Rockville Md

Accident or Suicide? X

LIBRARY BUREAU A88316

Name in Full: Guy Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kensington — County: Montg Co

Date of death: Month: Jan. — Day: 9th — Age: Years: — Months: 10 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: none — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm J. Matthews — Father's Birthplace: W. Va

Mother's Maiden Name: Ada Purdum — Mother's Birthplace: Md

Name of person giving Information: Wm F. Matthews — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Meningitis — How long: 7 days

Immediate: Spinal Meningitis — How long: 26 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Dove

Address: Kensington

Accident or Suicide? No

LIBRARY BUREAU A66618

Name In Full

Certificate of Death

Thomas Mouse

Died at Town: Glen Echo County: Montgomery MARYLAND

Date 19 V 4. Jan 6th — Month Day | Age Y. 69 M. D. | Native of | Occupation

Male / Female (Female struck) | White / Colored (Colored struck) | Married / Single (Single struck) | Widow / Widower (Widower struck) | Divorced | Number of children living

Husband (Wife struck) of Mary Bean

Father's Name Philip Mouse. Mother's Maiden Name

Cause of Death: Primary 90 — How long sick 2 days

Immediate Bronchitis — Accident, Suicide, Homicide

Reported by Dr Ed. Anderson. M.d

Address Bluehill md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Thomas Mouse

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Glen Echo Md — County: Montg Co

Date of death 1904 — Month: 1 — Day: 24 — Age: Years 69 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Lock Tender — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Mouse

Father's Name: Not Known — Father's Birthplace: —

Mother's Maiden Name: Not Known — Mother's Birthplace: —

Name of person giving Imformation: Jas Camalier — How related to deceased: —

91

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 2 Months

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Anthony McRay

Address: Tenleytown D.C.

Accident or Suicide?

LIBRARY BUREAU A88816

Clear Spring.
Wash. Co Md.

Name in Full: Margaret Scott

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Brinkelow County: Montgomery

Date of death: Month: Jan Day: 21st

Age: Years: 68 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Howard Co. Md

Occupation: Housewife Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Name of Wife or Husband: Michael Scott

Father's Name: James Howard Father's Birthplace: Howard Co. Md

Mother's Maiden Name: Rosena Howard Mother's Birthplace: Howard Co. Md

Name of person giving Information: Albert Pratt How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart disease How long: One year

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: near Rine Road — County: Montgomery

Date of death: 1904 — Month: 1 — Day: 24 — Age: Years 58 — Months — Days: 7

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: P

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Charles Shoemaker — Father's Birthplace: Md

Mother's Maiden Name: Collins — Mother's Birthplace: D C

Name of person giving Imformation: Mrs E Shoemaker — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 1 month

Immediate: Pneumonia — How long: 10

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M Lappeal

Address: Tenley D C

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Eliza Kemp S Shreve

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sandy Hill — County: Montgomery

Date of death 1904: Month: Jan. — Day: 6 — Age: Years: 50 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: None

Name of ~~Wife~~ or Husband: Wm. A. Shreve

Father's Name: Jacob Kemp. 63 — Father's Birthplace: Md

Mother's Maiden Name: Anne Rabbitt — Mother's Birthplace: Md

Name of person giving information: W. A. Shreve — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cortical Apoplexy — How long: Several yrs

Immediate: Meningitis — How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Dare

Address: Kensington Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Taylor

Town: Spencerville County: Montg. MARYLAND

Died at

Date 1904	Month: 1	Day: 25	Age: Y. 71 M. D.	Native of: Va	Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name: Jonathan Taylor

Mother's Name: Lydia B. Taylor

Cause of Death: Primary: pneumonia (93) How long sick: 10 days

Immediate: Heart failure

Accident, Suicide, Homicide

Reported by: Roger Brooke

Address: Sandy Spring md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Charles Johnson Frear

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sligo; County: Montgomery

Date of death 1904: Month: Jan; Day: 15-

Age: Years: 5; Months: 1; Days: 28

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: Levi S. Frear D.; Father's Birthplace: Dele.

Mother's Maiden Name: Elizabeth Menge; Mother's Birthplace: "

Name of person giving information: Levi S Frear; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lt Cocke; How long: 1 month

Immediate: Syncope; How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. T. Brown

Address: Burnt Mills Md

Accident or Suicide?

LIBRARY BUREAU A9981

Name in Full: Elwood Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairmont; County: Monty.

Date of death 1904: Month: Jun; Day: 1

Age: Years: 65; Months: ~~Mos~~; Days:

Sex: Male

Color or Race: White

Birth-place: Washington D.C.

~~Married~~ or ~~Widowed~~: Single

Occupation: Laborer

Name of Wife or Husband:

Father's Name: 170

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure — How long:

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. R. Batson

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Watera

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burnt Mills; County: Montgomery

Date of death 1904: Month: Jan; Day: 3

Age: Years: 68; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Lavinia Hutton

Father's Name: Sam Watera; Father's Birthplace: Md

Mother's Maiden Name: Mary Watera; Mother's Birthplace: Md

Name of person giving Information: Saml D Watera; How related to deceased: Brother

79

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Paralysis of Heart; How long: only a few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. T. Brown

Address: Burnt Mills Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A6651B

Name in Full: Florence Hebden

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wheaton — County: Montgomery

Date of death: Month: Jan — Day: 17 — Age: Years: 27 — Months: 2 — Days: —

Sex: Female — Color or Race: Col. — Birthplace: Md

Occupation: Servant — Where Residing if not at place of death: Wheaton Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Chas. Hebden — Father's Birthplace: Md

Mother's Maiden Name: Jane — Mother's Birthplace: Md

Name of person giving Information: Jas Hebden — How related to deceased: Bro

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 1 mo

Immediate: Tuberculosis of Lungs — How long: 6 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Kensington Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full

Certificate of Death

Howard White

Town

Died at Reisterstown County Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 1 12		Age 43	—	—	Md	Dairy Farmer

Male / Female (Female struck through)

White / Colored (Colored struck through)

Married / Single (Single struck through) / Widow / Widower

Divorced

Number of children living

Husband of Wife Mary White

Father's Name Wm White

Mother's Maiden Name Mary White

Cause of Death

Primary: Exposure & Cold

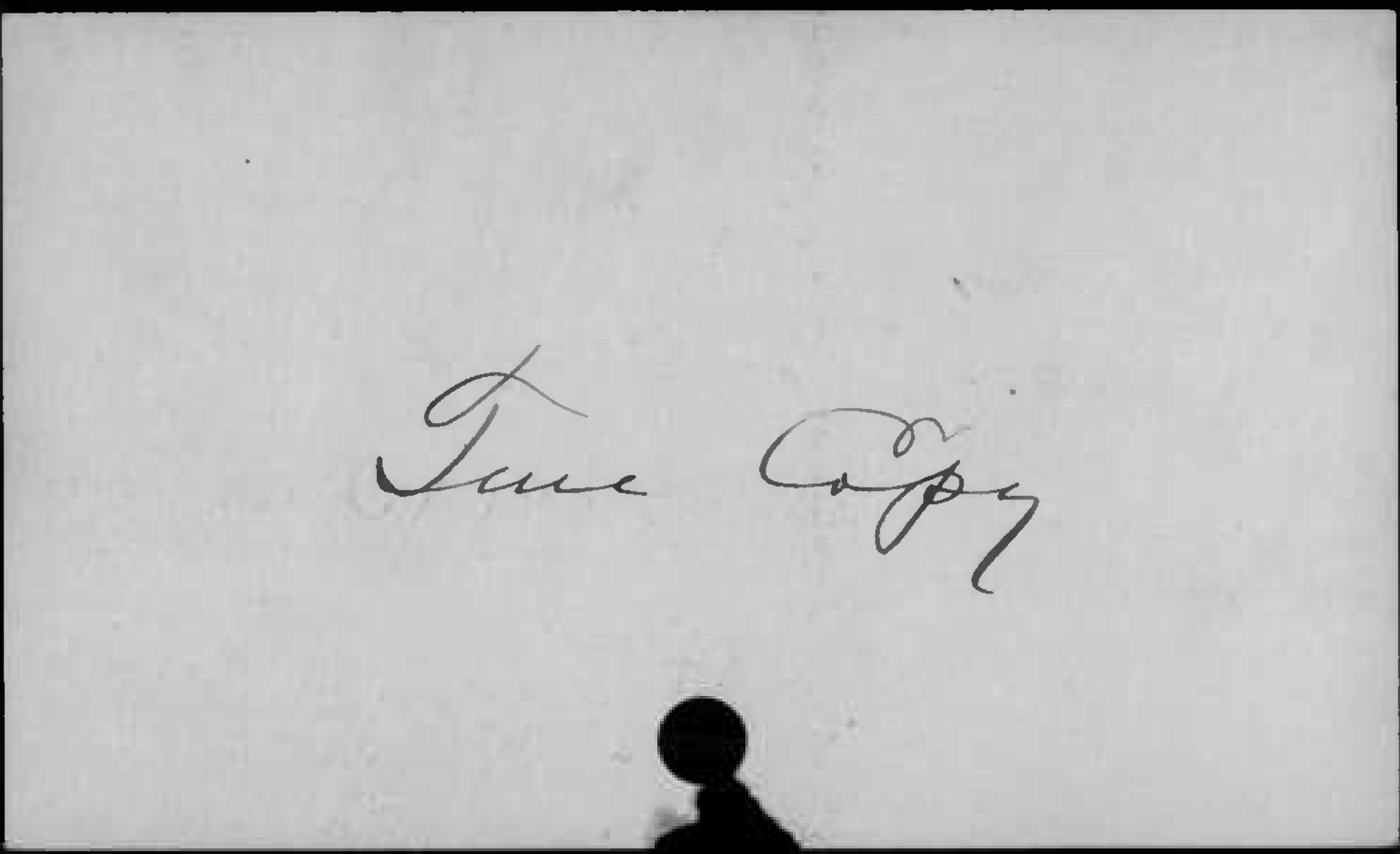
How long sick 10 D

Immediate: Pneumonia

Accident, Suicide, Homicide

Reported by J H Shriver

Address Reisterstown

Must be signed by physician, if any in attendance, otherw[illegible] oroner, undertaker or minister.

LIBRARY BUREAU 70998